

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Donna

First name

A

Middle name

Grote

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-2836

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

- I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):

- I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live**955 Oak Ridge Blvd****Elgin, IL 60120**

Number, Street, City, State & ZIP Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- No.
 Yes.

District	Northern Dist of Illinois	When	8/08/16	Case number	16-25350
District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- No
 Yes.

Debtor	_____	Relationship to you	_____		
District	_____	When	_____	Case number, if known	_____
Debtor	_____	Relationship to you	_____		
District	_____	When	_____	Case number, if known	_____

11. Do you rent your residence?

- No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Donna A Grote**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Donna A Grote****Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	<p>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”</p> <p><input type="checkbox"/> No. Go to line 16b.</p> <p><input checked="" type="checkbox"/> Yes. Go to line 17.</p> <p>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.</p> <p><input type="checkbox"/> No. Go to line 16c.</p> <p><input type="checkbox"/> Yes. Go to line 17.</p> <p>16c. State the type of debts you owe that are not consumer debts or business debts</p> <hr/>	
17. Are you filing under Chapter 7?		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<p><input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.</p> <p><input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
18. How many Creditors do you estimate that you owe?		
<input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?		
<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?		
<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Donna A Grote**Donna A Grote**
Signature of Debtor 1

Signature of Debtor 2

Executed on December 20, 2016
MM / DD / YYYYExecuted on _____
MM / DD / YYYY

Debtor 1 Donna A Grote**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David Cutler

Signature of Attorney for Debtor

Date

December 20, 2016

MM / DD / YYYY

David Cutler

Printed name

Cutler & Associates, Ltd

Firm name

**4131 Main Street
Skokie, IL 60076**

Number, Street, City, State & ZIP Code

Contact phone

847-673-8600

Email address

david@cutlerltd.com

Bar number & State

Fill in this information to identify your case:

Debtor 1	Donna A Grote		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF ILLINOIS	
Case number (if known) _____			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets
		Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 0.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 744.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 744.00

Part 2: Summarize Your Liabilities

		Your liabilities
		Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 0.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 15,946.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 15,946.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6f of <i>Schedule E/F</i>	\$ 77,692.43
		Your total liabilities \$ 93,638.43

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 578.00
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 578.00
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 1,109.00
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 1,109.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Donna A Grote**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>889.00</u>
----	---------------

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>15,946.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>15,946.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	Donna A Grote		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number			<input type="checkbox"/> Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
 Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
 Yes

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$0.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- No
 Yes. Describe.....

**Personal possessions in furnished home at liquidation value
(debtor has only personal items of no value)**

\$0.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No

Debtor 1

Donna A Grote Yes. Describe.....**Phone**

\$100.00

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.....**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....**Personal clothing**

\$400.00

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....**Costume jewelry**

\$50.00

13. Non-farm animals*Examples:* Dogs, cats, birds, horses No Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$550.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....**Cash**

\$30.00

Debtor 1 **Donna A Grote****17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

17.1. Savings	American Family CU	\$10.00
17.2. Savings	American Family CU	\$5.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes.....

Institution or issuer name:

Vanguard	\$34.00
Vanguard	\$90.00

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account:

Institution name:

IRA	Fidelity	\$25.00
------------	-----------------	----------------

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.....

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No

Debtor 1 **Donna A Grote** Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$194.00**

Debtor 1

Donna A Grote

Case number (if known)

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	\$0.00
56. Part 2: Total vehicles, line 5	\$0.00
57. Part 3: Total personal and household items, line 15	\$550.00
58. Part 4: Total financial assets, line 36	\$194.00
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
62. Total personal property. Add lines 56 through 61...	\$744.00
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$744.00

Fill in this information to identify your case:

Debtor 1	Donna A Grote		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF ILLINOIS	
Case number (if known)			

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Phone Line from Schedule A/B: 7.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Personal clothing Line from Schedule A/B: 11.1	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
Costume jewelry Line from Schedule A/B: 12.1	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Cash Line from Schedule A/B: 16.1	\$30.00	<input checked="" type="checkbox"/> \$30.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Savings: American Family CU Line from Schedule A/B: 17.1	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

Debtor 1 **Donna A Grote**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from <i>Schedule A/B</i> .	<i>Check only one box for each exemption.</i>
Savings: American Family CU Line from <i>Schedule A/B:</i> 17.2	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Vanguard Line from <i>Schedule A/B:</i> 18.1	<u>\$34.00</u>	<input checked="" type="checkbox"/> <u>\$34.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Vanguard Line from <i>Schedule A/B:</i> 18.2	<u>\$90.00</u>	<input checked="" type="checkbox"/> <u>\$90.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
IRA: Fidelity Line from <i>Schedule A/B:</i> 21.1	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1006

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- No
- Yes

Fill in this information to identify your case:

Debtor 1	Donna A Grote		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Fill in this information to identify your case:

Debtor 1	Donna A Grote		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF ILLINOIS	
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1 **Illinois Department of Revenue**
1/15
Priority Creditor's Name
Bankruptcy Section
PO Box 64338
Chicago, IL 60664-0338
Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Total claim	Priority amount	Nonpriority amount
\$1,942.00	\$0.00	\$1,942.00

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Income Taxes

Debtor 1 **Donna A Grote**

Document Page 19 of 88

Case number (if known)

2.2

Internal Revenue Service - 1/11

Priority Creditor's Name

**PO Box 7346
Philadelphia, PA 19101-7346**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?
- No
- Yes

Last 4 digits of account number **\$14,004.00****Unknown****Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify **2009 -2012 taxes**

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

A/R Concepts Inc

Nonpriority Creditor's Name

18-3 E Dudee Rd**Ste 330****Barrington, IL 60010**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?
- No
- Yes

Last 4 digits of account number **8516****Total claim****\$0.00**When was the debt incurred? **8/28/2015**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collect Agt Hinsdale Ambul**

4.2

Argon Collection Agency

Nonpriority Creditor's Name

8668 Spring Mountain Rd**Las Vegas, NV 89117**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?
- No
- Yes

Last 4 digits of account number **6307****\$0.00**When was the debt incurred? **1/1/2015**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collect Agt ComEd**

Debtor 1 **Donna A Grote**

Document

Page 20 of 88

Case number (if known)

4.3

Adventist Hinsdale Hosp/Billing Dept

Nonpriority Creditor's Name

**740 Pasquinelli Dr
Hinsdale, IL 60521**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

142X**\$1,956.00**

When was the debt incurred?

5/22/2014

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Healthcare**

4.4

Adventist Hinsdale Hosp/Billing Dept

Nonpriority Creditor's Name

**740 Pasquinelli Dr
Hinsdale, IL 60521**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

142X**\$1,618.00**

When was the debt incurred?

8/31/2014

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Healthcare**

4.5

Alexian Brothers/Billing Dept

Nonpriority Creditor's Name

**1650 Moon Lake Blvd
Hoffman Estates, IL 60169**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

0902**\$4,000.00**

When was the debt incurred?

9/18/2014

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Healthcare**

Debtor 1 **Donna A Grote**

4.6	Alexius Medical Center/Billing Dept Nonpriority Creditor's Name 1555 Barrington Rd Hoffman Estates, IL 60169 Number Street City State Zip Code	Last 4 digits of account number 9925	\$1,000.00
	Who incurred the debt? Check one.	When was the debt incurred? 9/17/2014	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Healthcare	
4.7	Alexius Medical Center/Billing Dept Nonpriority Creditor's Name 1555 Barrington Rd Hoffman Estates, IL 60169 Number Street City State Zip Code	Last 4 digits of account number 4461	\$1,700.00
	Who incurred the debt? Check one.	When was the debt incurred? 9/18/2014	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Healthcare	
4.8	Alexius Medical Center/Billing Dept Nonpriority Creditor's Name 1555 Barrington Rd Hoffman Estates, IL 60169 Number Street City State Zip Code	Last 4 digits of account number 4114	\$1,200.00
	Who incurred the debt? Check one.	When was the debt incurred? 2/11/2015	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Healthcare	

Debtor 1 **Donna A Grote**

4.9	Allied Water Services Nonpriority Creditor's Name 5050 W Lake St Melrose Park, IL 60160 Number Street City State Zip Code	Last 4 digits of account number 4194	\$129.18
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Utilities			
4.10	Allstate Insurance Co Services Nonpriority Creditor's Name 330 Georgetown Sq ste 100 Wood Dale, IL 60191 Number Street City State Zip Code	Last 4 digits of account number 8791	\$65.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Auto Insurance			
4.11	Allstate Insurance Co Services Nonpriority Creditor's Name 330 Georgetown Sq ste 100 Wood Dale, IL 60191 Number Street City State Zip Code	Last 4 digits of account number 8791	\$96.48
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Renters Insurance			

Debtor 1 **Donna A Grote**

4.12	American Express Nonpriority Creditor's Name PO Box 981537 EL Paso, TX 79929 Number Street City State Zip Code	Last 4 digits of account number 2002	\$6,087.00
		When was the debt incurred? 2013-2014	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Credit Card		
4.13	Amex Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998 Number Street City State Zip Code	Last 4 digits of account number 9473	\$0.00
		When was the debt incurred? Opened 07/99 Last Active 11/11/13	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Credit Card		
4.14	Amex Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998 Number Street City State Zip Code	Last 4 digits of account number 1871	\$0.00
		When was the debt incurred? Opened 02/99 Last Active 7/03/07	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Credit Card		

Debtor 1 **Donna A Grote**

Document

Page 24 of 88

Case number (if known)

4.15	<p>Andres Medical Billing Nonpriority Creditor's Name PO Box 15019 Wilmington, DE 19886 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4685 \$0.00</p> <p>When was the debt incurred? 1/1/2015</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collect agt Healthcare</p>
4.16	<p>ARS National Services Inc Nonpriority Creditor's Name PO 469046 Escondido, CA 92046 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3224 \$0.00</p> <p>When was the debt incurred? 1/1/2015</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collect Agt Capital One</p>
4.17	<p>AT & T Mobility Nonpriority Creditor's Name PO Box 6416 Carol Stream, IL 60197 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8699 \$90.33</p> <p>When was the debt incurred? 10/25/2014</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Phone</p>

Debtor 1 **Donna A Grote**

4.18	AT&T Nonpriority Creditor's Name PO Box 5014 Carol Stream, IL 60197 Number Street City State Zip Code	Last 4 digits of account number 9287	\$160.88
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 7/6/2005	
	Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Internet	
4.19	Bank of America Nonpriority Creditor's Name 100 North Tryon Street Charlotte, NC 28255 Number Street City State Zip Code	Last 4 digits of account number	\$7,000.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 2013-2014	
	Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
4.20	Bartlett Police Department Nonpriority Creditor's Name 228 S Main Street Bartlett, IL 60602 Number Street City State Zip Code	Last 4 digits of account number	\$500.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 9/17/2014	
	Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Fine	

Debtor 1 **Donna A Grote**

4.21	<p>Blatt Hasenmiller Leibske & Moore Nonpriority Creditor's Name 10 S Lasalle St Ste 2200 Chicago, IL 60603</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1633</p> <p>When was the debt incurred? 8/11/2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collect Agt Discover Card</p>	\$0.00
4.22	<p>CACH LLC Nonpriority Creditor's Name c/o John C Bonewicz 350 N Orleans St, Ste 300 Chicago, IL 60654</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Judgement</p>	\$7,000.00
4.23	<p>Cap1/bstby Nonpriority Creditor's Name Po Box 6497 Sioux Falls, SD 57117</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8914</p> <p>When was the debt incurred? Opened 12/02 Last Active 10/27/05</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>	\$0.00

Debtor 1 **Donna A Grote**

4.24	Capital One Nonpriority Creditor's Name Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4611 When was the debt incurred? Opened 01/10 Last Active 9/14/13 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$0.00
4.25	Capital One Bank USA Nonpriority Creditor's Name 15000 Capital One Sr Richmond, VA 23238 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 91XX When was the debt incurred? 1/1/2010 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$1,193.00
4.26	Chase Nonpriority Creditor's Name Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3724 When was the debt incurred? Opened 03/09 Last Active 5/02/13 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Check Credit Or Line Of Credit	\$11,016.00

Debtor 1 Donna A Grote

4.27	Chase Card Services Nonpriority Creditor's Name Correspondence Dept Po Box 15278 Wilmington, DE 19850 Number Street City State Zip Code	Last 4 digits of account number 1998	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 10/96 Last Active 8/07/05	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
4.28	Chase Card Services Nonpriority Creditor's Name Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850 Number Street City State Zip Code	Last 4 digits of account number 6215	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 10/04 Last Active 7/19/07	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
4.29	Chase Mtg Nonpriority Creditor's Name Po Box 24696 Columbus, OH 43224 Number Street City State Zip Code	Last 4 digits of account number 7197	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 11/02 Last Active 6/05/07	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Real Estate Mortgage	

Debtor 1 Donna A Grote

Document

Page 29 of 88

Case number (if known)

4.30 Chase Receivable Nonpriority Creditor's Name PO Box 659 West Coldwell, JN 07007 Number Street City State Zip Code	Last 4 digits of account number <u>8816</u> \$0.00 When was the debt incurred? <u>1/1/2015</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collect for JP Morgan Bank</u>
<hr/> 4.31 City of Elgin/Fire Dept Nonpriority Creditor's Name PO Box 457 Wheeling, IL 60090 Number Street City State Zip Code	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>3005</u> \$506.75 When was the debt incurred? <u>3/19/2015</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Ambulance Service</u>	
<hr/> 4.32 City of Elgin/Fire Dept Nonpriority Creditor's Name PO Box 457 Wheeling, IL 60090 Number Street City State Zip Code	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>5245</u> \$598.75 When was the debt incurred? <u>9/1/2014</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Ambulance Service</u>	

Debtor 1 Donna A Grote

4.33	Comcast Cable/ Processing Ctr - 27 Nonpriority Creditor's Name PO 55126 Boston, MA 02205 Number Street City State Zip Code	Last 4 digits of account number 2504	\$470.58
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 2013-2014	
	Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Internet	
4.34	Comenity Bank/Sharper Image Nonpriority Creditor's Name Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code	Last 4 digits of account number 8558	\$0.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? Opened 11/25/07 Last Active 12/25/07	
	Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	
4.35	Comenity Bank/Victoria Secret Nonpriority Creditor's Name Po Box 182789 Columbus, OH 43218 Number Street City State Zip Code	Last 4 digits of account number 9766	\$0.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? Opened 01/10 Last Active 8/18/12	
	Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	

Debtor 1 **Donna A Grote**

Document

Page 31 of 88

Case number (if known)

4.36	Commonwealth Edison co Nonpriority Creditor's Name PO Box 9037 Addison, TX 75001 Number Street City State Zip Code	Last 4 digits of account number 3059	\$1,509.13
	Who incurred the debt? Check one.	When was the debt incurred? 2013-2014	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utilities	
4.37	Credit Collection Services Nonpriority Creditor's Name Two Wells Ave Newton, MA 02459 Number Street City State Zip Code	Last 4 digits of account number 9569	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 5/8/2014	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collect Agt Comcast Cable	
4.38	Credit Collection Services Nonpriority Creditor's Name Two Wells Ave Newton, MA 02459 Number Street City State Zip Code	Last 4 digits of account number 674	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 3/22/2015	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collect Agt Quest Diag	

Debtor 1 **Donna A Grote**

4.39	Credit One Bank Nonpriority Creditor's Name PO Box 98875 Las Vegas, NV 89193 Number Street City State Zip Code	Last 4 digits of account number 9217	\$400.00
	Who incurred the debt? Check one.	When was the debt incurred? 3/1/2013	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
4.40	Credit One Bank Nonpriority Creditor's Name PO Box 98875 Las Vegas, NV 89193 Number Street City State Zip Code	Last 4 digits of account number 3562	\$699.00
	Who incurred the debt? Check one.	When was the debt incurred? 4/1/2014	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
4.41	Credit One Bank Na Nonpriority Creditor's Name Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code	Last 4 digits of account number 9217	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 3/01/13 Last Active 4/15/13	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	

Debtor 1 **Donna A Grote**

4.42	Credit Protection Association L.P. Nonpriority Creditor's Name 13355 Noel Rd Dallas, TX 75240 Number Street City State Zip Code	Last 4 digits of account number 5900	\$0.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 2/18/2015	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collect Agt ComEd	
4.43	Discover Nonpriority Creditor's Name PO Box 6103 Carol Stream, IL 60103 Number Street City State Zip Code	Last 4 digits of account number 3562	\$1,456.41
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 6/1/2004	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
4.44	Discover Financial Nonpriority Creditor's Name Po Box 3025 New Albany, OH 43054 Number Street City State Zip Code	Last 4 digits of account number 3562	\$0.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? Opened 07/07 Last Active 5/12/14	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	

Debtor 1 **Donna A Grote**

Document

Page 34 of 88

Case number (if known)

4.45	Discover Financial Services,LLC Nonpriority Creditor's Name PO Box 15316 Wilmington, DE 19850 Number Street City State Zip Code	Last 4 digits of account number 011X	\$1,846.00
	Who incurred the debt? Check one.	When was the debt incurred? 7/6/2005	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
4.46	Dupage Pathology Assoc Nonpriority Creditor's Name 520 E 22nd St Lombard, IL 60148 Number Street City State Zip Code	Last 4 digits of account number 7396	\$681.00
	Who incurred the debt? Check one.	When was the debt incurred? 5/22/2014	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Hinsdale Hosp	
4.47	Dupage Pathology Assoc Nonpriority Creditor's Name 520 E 22nd St Lombard, IL 60148 Number Street City State Zip Code	Last 4 digits of account number 7396	\$62.00
	Who incurred the debt? Check one.	When was the debt incurred? 5/22/2014	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Hinsdale Hosp	

Debtor 1 **Donna A Grote**

Document

Page 35 of 88

Case number (if known)

4.48	Emergency Healthcare Physician Nonpriority Creditor's Name 120 N Oak St Hinsdale, IL 60521 Number Street City State Zip Code	Last 4 digits of account number 514X	\$454.00
	Who incurred the debt? Check one.	When was the debt incurred? 7/31/2013	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Hinsdale Hosp	
4.49	Emergency Healthcare Physician Nonpriority Creditor's Name 2509 S Stoughton Rd Madison, WI 53716 Number Street City State Zip Code	Last 4 digits of account number 514X	\$668.00
	Who incurred the debt? Check one.	When was the debt incurred? 7/31/2013	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Healthcare	
4.50	Fifth Third Bank Nonpriority Creditor's Name 1830 East Paris Ave Grand Rapids, MI 49546 Number Street City State Zip Code	Last 4 digits of account number 6482	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 07/08 Last Active 3/12/10	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Automobile	

Debtor 1 **Donna A Grote**

4.51	First Midwest Bank Nonpriority Creditor's Name PO Box 580 Joliet, IL 60434 Number Street City State Zip Code	Last 4 digits of account number 5058	\$450.00
	Who incurred the debt? Check one.	When was the debt incurred? 11/19/2014	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Bank Acc.	
4.52	Firstsource Advantage, LCC Nonpriority Creditor's Name 205 Bryant Woods South Amherst, NY 14228 Number Street City State Zip Code	Last 4 digits of account number 2578	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 10/27/2016	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collect Agt American Express	
4.53	Flagg Creek Water Reclamation Nonpriority Creditor's Name 1001 Frontage Rd Burr Ridge, IL 60527 Number Street City State Zip Code	Last 4 digits of account number 0000	\$103.76
	Who incurred the debt? Check one.	When was the debt incurred? 3/14-6/14	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utilities	

Debtor 1 **Donna A Grote**

Document

Page 37 of 88

Case number (if known)

4.54

Ford Credit

Nonpriority Creditor's Name

**National Bankruptcy Service Center
Po Box 62180
Colorado Springs, CO 80962**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

0079**\$0.00**

When was the debt incurred?

**Opened 7/14/08 Last Active
1/09/09**

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.55

Harris & Harris LTD

Nonpriority Creditor's Name

**111 West Jackson
Ste 400
Chicago, IL 60604**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

2580**\$0.00**

When was the debt incurred?

4/4/2016

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collect Agt Nicor Gas**

4.56

HBBC Card Service Matercard

Nonpriority Creditor's Name

**PO Box 8800
Baltimore, MD 21288**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

4611**\$958.00**

When was the debt incurred?

7/2/2014

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

Debtor 1 **Donna A Grote**

4.57	Hinsdale Anesthesia Assoc LTD Nonpriority Creditor's Name PO Box 1259 Dept 92667 Oaks, PA 19456 Number Street City State Zip Code	Last 4 digits of account number 8816	\$1,200.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 5/22/2014	
	Check if this claim is for a community debt Is the claim subject to offset?	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Healthcare	
4.58	Hsbc Bank Usa, Na Nonpriority Creditor's Name Po Box 2013 Buffalo, NY 14240 Number Street City State Zip Code	Last 4 digits of account number 9616	\$0.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? Opened 1/26/10 Last Active 11/17/10	
	Check if this claim is for a community debt Is the claim subject to offset?	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
4.59	Hsbc Bank Usa, Na Nonpriority Creditor's Name Po Box 2013 Buffalo, NY 14240 Number Street City State Zip Code	Last 4 digits of account number 5613	\$0.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? Opened 1/26/10 Last Active 10/06/10	
	Check if this claim is for a community debt Is the claim subject to offset?	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	

Debtor 1 Donna A Grote

Document

Page 39 of 88

Case number (if known)

4.60 IC System, Inc. Nonpriority Creditor's Name 444 Highway 96 East St. Paul, MN 55164 Number Street City State Zip Code	Last 4 digits of account number <u>5259</u> \$0.00 When was the debt incurred? <u>11/21/2016</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collect Agt AT&T Uverse</u>
<hr/>	
4.61 IC System, Inc. Nonpriority Creditor's Name PO Box 64378 Saint Paul, MN 55164 Number Street City State Zip Code	Last 4 digits of account number <u>584</u> \$0.00 When was the debt incurred? <u>7/8/2005</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collect Agt Comcast</u>
<hr/>	
4.62 Illinois Emergency Medicine Nonpriority Creditor's Name PO Box 366 Hinsdale, IL 60522 Number Street City State Zip Code	Last 4 digits of account number <u>4798</u> \$890.00 When was the debt incurred? <u>7/6/2005</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Healthcare</u>

Debtor 1 **Donna A Grote**

4.63	JPM Chase Nonpriority Creditor's Name PO Box 24696 Columbus, OH 43224 Number Street City State Zip Code	Last 4 digits of account number 3724	\$11,016.00
	Who incurred the debt? Check one.	When was the debt incurred? 12/1/2013	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Bank Acc.	
4.64	Keynote Consulting Nonpriority Creditor's Name 220 West Campus Drive Suite 102 Arlington Heights, IL 60004 Number Street City State Zip Code	Last 4 digits of account number 6658	\$175.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 01/15	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Riverside Psychiatric Course	
4.65	Kohls/Capital One Nonpriority Creditor's Name N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 Number Street City State Zip Code	Last 4 digits of account number 4149	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 07/08 Last Active 8/22/13	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	

Debtor 1 Donna A Grote

4.66	Kohls/Capital One Nonpriority Creditor's Name N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 Number Street City State Zip Code	Last 4 digits of account number 4149	\$668.00
	Who incurred the debt? Check one.	When was the debt incurred? 11/30/2013	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
4.67	LCS Financial Services Corp Nonpriority Creditor's Name 6782 South Potomac St Centennial, CO 80112 Number Street City State Zip Code	Last 4 digits of account number 6711	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 7/6/2015	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collect Agt for JP Morgan Chase	
4.68	Mandarich Law Group LLP Nonpriority Creditor's Name 1 North Dearborn Ste 650 Chicago, IL 60602 Number Street City State Zip Code	Last 4 digits of account number	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 7/6/2015	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collect Agt for Healthcare	

Debtor 1 **Donna A Grote**

4.69	Merchants & Medical Credit Corp Nonpriority Creditor's Name 6324 Taylor Dr Flint, MI 48507 Number Street City State Zip Code	Last 4 digits of account number 6797	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 7/3/2014	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collect Agt Kohls	
4.70	Merchants Credit Nonpriority Creditor's Name 223 W Jackson Blvd Ste 700 Chicago, IL 60606 Number Street City State Zip Code	Last 4 digits of account number 8674	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 10/14	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Adventist Hinsdale Hospital	
4.71	Merchants Credit Nonpriority Creditor's Name 223 W Jackson Blvd Ste 700 Chicago, IL 60606 Number Street City State Zip Code	Last 4 digits of account number 0213	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 09/14	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Illinois Emergency Medical Spe	

Debtor 1 **Donna A Grote**

4.72	Merchants Credit Nonpriority Creditor's Name 223 W Jackson Blvd Ste 700 Chicago, IL 60606 Number Street City State Zip Code	Last 4 digits of account number 8492	\$0.00
		When was the debt incurred? Opened 10/14	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Collection Attorney Adventist Hinsdale Hospital		
4.73	Merchants Credit Guide Nonpriority Creditor's Name 223 W Jackson Blvd Ste 4 Chicago, IL 60606 Number Street City State Zip Code	Last 4 digits of account number 286X	\$0.00
		When was the debt incurred? 9/1/2014	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Collect for ComEd		
4.74	Merchants Credit Guide Nonpriority Creditor's Name 223 W Jackson Blvd Ste 4 Chicago, IL 60606 Number Street City State Zip Code	Last 4 digits of account number 260X	\$0.00
		When was the debt incurred? 2015	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Collect Agt Healthcare		

Debtor 1 **Donna A Grote**

4.75	Midland Credit Management Inc Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108	Last 4 digits of account number 9217	\$0.00
		When was the debt incurred? 7/7/2014	
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collect Agt Hinsdale Hospital</p>			
<hr/>			
4.76	Midland Credit Management Inc Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108	Last 4 digits of account number 2916	\$0.00
		When was the debt incurred? 6/8/2016	
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collect Agt Credit One Bank</p>			
<hr/>			
4.77	Mira Med Revenue Group Nonpriority Creditor's Name 991 Oak Creek Drive Lombard, IL 60148	Last 4 digits of account number 9453	\$0.00
		When was the debt incurred? 5/30/2014	
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collect Agt Hinsdale Hospital</p>			

Debtor 1 **Donna A Grote**

4.78	MRS Associates of New Jersey Nonpriority Creditor's Name 1930 Olney Ave Cherry Hill, NJ 08003 Number Street City State Zip Code	Last 4 digits of account number 3140	\$100.00
	Who incurred the debt? Check one.	When was the debt incurred? 7/7/2014	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Healthcare	
4.79	MRS Association New Jersey Nonpriority Creditor's Name 1930 Olney Ave Cherry Hill, NJ 08003 Number Street City State Zip Code	Last 4 digits of account number 3140	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 7/7/2015	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collect Agt Chase 1189	
4.80	Nationwide Credit Inc Nonpriority Creditor's Name PO Box 26314 Lehigh valley, PA 18002 Number Street City State Zip Code	Last 4 digits of account number 3724	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 8/1/2015	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collect Agt Chase	

Debtor 1 **Donna A Grote**

4.81	NCInc./Northwest Collectors Inc Nonpriority Creditor's Name 3601 Algonquin Rd Ste 232 Rolling Meadows, IL 60008 Number Street City State Zip Code	Last 4 digits of account number 8600	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 1/1/2015	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify Collect Agt Elgin Fire Dept	
4.82	NCO Financial Systems Inc Nonpriority Creditor's Name 507 Prudential Rd Horsham, PA 19044 Number Street City State Zip Code	Last 4 digits of account number 6635	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 7/6/2015	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify Collect Agt Nicor Gas	
4.83	Nelson Watson & Assoc LLC Nonpriority Creditor's Name 80 Merrimack St Lower Level Haverhill, MA 01830 Number Street City State Zip Code	Last 4 digits of account number 8196	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 1/1/2015	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify Collect Agt Capital One acc. 4611	

Debtor 1 **Donna A Grote**

Document

Page 47 of 88

Case number (if known)

4.84 Nicor Gas Nonpriority Creditor's Name PO Box 5407 Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6354 When was the debt incurred? 3/14-6/14 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utilities	\$907.65
--	--	-----------------

4.85 Northwest Collectors Nonpriority Creditor's Name 3601 Algonquin Rd Ste 232 Rolling Meadows, IL 60008 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8600 When was the debt incurred? Opened 01/15 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Elgin Fire Department	\$0.00
--	---	---------------

4.86 Presence Health St Joseph Hospital Nonpriority Creditor's Name 1643 Lewis Ave Ste 203 Billings, MT 59102 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 621 When was the debt incurred? 3/19/2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Healthcare	\$1,655.00
--	--	-------------------

Debtor 1 **Donna A Grote**

4.87	Provena St. Joseph Hospital Nonpriority Creditor's Name 77 North Airlite Street Elgin, IL 60123 Number Street City State Zip Code	Last 4 digits of account number 4144	\$1,500.00
	Who incurred the debt? Check one.	When was the debt incurred? 5/13/2015	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Healthcare	
4.88	Qualia Collection Services Nonpriority Creditor's Name PO Box 4699 Petaluma, CA 94955 Number Street City State Zip Code	Last 4 digits of account number 6224	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 11/5/2015	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collect Agt Capital One/Kohl's	
4.89	Quality Credit Service Inc/Collection Nonpriority Creditor's Name PO Box 460415 Aurora, CO 80046 Number Street City State Zip Code	Last 4 digits of account number	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 5/24/2013	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collect Agt Comcast	

Debtor 1 **Donna A Grote**

4.90	Quest Diagnostics/Payment Process Ctr Nonpriority Creditor's Name PO Box 55126 Boston, MA 02205 Number Street City State Zip Code	Last 4 digits of account number	\$120.64
	Who incurred the debt? Check one.	When was the debt incurred? 5/24/2013	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Healthcare	
4.91	Receivables Performance Mgt LLC Nonpriority Creditor's Name PO Box 1548 Lynnwood, WA 98046 Number Street City State Zip Code	Last 4 digits of account number	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 4/30/2014	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collect Agt Capital One/Kohl's	
4.92	State Collection Service Nonpriority Creditor's Name Po Box 6250 Madison, WI 53716 Number Street City State Zip Code	Last 4 digits of account number	\$670.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 12/13	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Emergency Healthcare Physician	

Debtor 1 Donna A Grote

4.93	State Collection Service Nonpriority Creditor's Name Po Box 6250 Madison, WI 53716 Number Street City State Zip Code	Last 4 digits of account number <u>3659</u>	\$455.00
	Who incurred the debt? Check one.	When was the debt incurred? <u>Opened 08/13</u>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		Collection Attorney Emergency Healthcare Physician	
4.94	State Collection Services Nonpriority Creditor's Name 2509 S Stoughton Rd Madison, WI 53716 Number Street City State Zip Code	Last 4 digits of account number <u>665X</u>	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? <u>12/1/2013</u>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		Collect Agt Emergency Ambul	
4.95	Suburban Radiologists,SC Nonpriority Creditor's Name 1446 Momentum Place Chicago, IL 60689 Number Street City State Zip Code	Last 4 digits of account number <u>7736</u>	\$51.00
	Who incurred the debt? Check one.	When was the debt incurred? <u>5/21/2014</u>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		Healthcare	

Debtor 1 **Donna A Grote**

4.96	Synchrony Bank/Care Credit Nonpriority Creditor's Name Po Box 965064 Orlando, FL 32896 Number Street City State Zip Code	Last 4 digits of account number 0253	\$0.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? Opened 10/20/09 Last Active 8/29/11	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Charge Account		
4.97	TCF Bank Corporate Office Nonpriority Creditor's Name 200 Lake St Ex0-03-A Wayzata, MN 55391 Number Street City State Zip Code	Last 4 digits of account number 1,700.00	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? 7/5/2005	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Bank		
4.98	Trackers Inc Nonpriority Creditor's Name 1970 Spruce Hills Bettendorf, IA 52722 Number Street City State Zip Code	Last 4 digits of account number 3110	\$244.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify First Midwest Bank Joliet		

Debtor 1 **Donna A Grote**

4.99	Village of Hinsdale Nonpriority Creditor's Name 19 East Chicago Ave Hinsdale, IL 60521 Number Street City State Zip Code	Last 4 digits of account number 3918	\$101.89
	Who incurred the debt? Check one.	When was the debt incurred? 6/6/2014	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utilities	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.10	Village of Hinsdale Amulance/Fire Dept Nonpriority Creditor's Name 121 Symonds Dr Hinsdale, IL 60521 Number Street City State Zip Code	Last 4 digits of account number	\$563.00
	Who incurred the debt? Check one.	When was the debt incurred? 4/1/2013	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Ambulance Service	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 15,946.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ 15,946.00
Total claims from Part 2	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 77,692.43
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ 77,692.43

Debtor 1 Donna A Grote

Fill in this information to identify your case:

Debtor 1	Donna A Grote		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease			State what the contract or lease is for
	Name, Number, Street, City, State and ZIP Code			
2.1	Name			
	Number	Street		
	City	State	ZIP Code	
2.2	Name			
	Number	Street		
	City	State	ZIP Code	
2.3	Name			
	Number	Street		
	City	State	ZIP Code	
2.4	Name			
	Number	Street		
	City	State	ZIP Code	
2.5	Name			
	Number	Street		
	City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1	Donna A Grote		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Number Street

City

State

ZIP Code

3.2

Name

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Number Street

City

State

ZIP Code

Fill in this information to identify your case:

Debtor 1	Donna A Grote
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS
Case number (if known)	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Employment status

Debtor 1	Debtor 2 or non-filing spouse
<input type="checkbox"/> Employed	<input type="checkbox"/> Employed
<input checked="" type="checkbox"/> Not employed	<input type="checkbox"/> Not employed

Include part-time, seasonal, or self-employed work.

Occupation

Sales

Occupation may include student or homemaker, if it applies.

Employer's name

_____	_____
-------	-------

Employer's address

_____	_____
-------	-------

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1	For Debtor 2 or non-filing spouse
--------------	-----------------------------------

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross Income. Add line 2 + line 3.

2. \$ 0.00	\$ N/A
3. +\$ 0.00	+\$ N/A
4. \$ 0.00	\$ N/A

Debtor 1 **Donna A Grote**

Case number (if known)

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ 0.00	N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 384.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>Link Card</u>	8f. \$ 194.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 578.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 578.00	+ \$ N/A = \$ 578.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 578.00	
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: Debtor is a seasonal employee. She was laid off Sept 21, 2016 and expect to return February/March.		

Fill in this information to identify your case:

Debtor 1	Donna A Grote
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS
Case number (If known)	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1
and Debtor 2.

Yes. Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

- No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

Do not state the
dependents names.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Do your expenses include
expenses of people other than
yourself and your dependents? No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage
payments and any rent for the ground or lot.

4. \$ **471.00**

If not included in line 4:

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ **0.00**
4b. \$ **0.00**
4c. \$ **0.00**
4d. \$ **0.00**
5. \$ **0.00**

Debtor 1 **Donna A Grote**

Case number (if known) _____

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ 0.00
6b. Water, sewer, garbage collection	6b. \$ 0.00	
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 58.00	
6d. Other. Specify: _____	6d. \$ 0.00	
7. Food and housekeeping supplies	7. \$ 328.00	
8. Childcare and children's education costs	8. \$ 0.00	
9. Clothing, laundry, and dry cleaning	9. \$ 50.00	
10. Personal care products and services	10. \$ 30.00	
11. Medical and dental expenses	11. \$ 0.00	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 75.00	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 0.00	
14. Charitable contributions and religious donations	14. \$ 0.00	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ 0.00	
15b. Health insurance	15b. \$ 0.00	
15c. Vehicle insurance	15c. \$ 97.00	
15d. Other insurance. Specify: _____	15d. \$ 0.00	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00	
17. Installment or lease payments:	17a. \$ 0.00	
17b. Car payments for Vehicle 1	17b. \$ 0.00	
17c. Car payments for Vehicle 2	17c. \$ 0.00	
17d. Other. Specify: _____	17d. \$ 0.00	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ 0.00	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	19.	
20a. Mortgages on other property	20a. \$ 0.00	
20b. Real estate taxes	20b. \$ 0.00	
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00	
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00	
20e. Homeowner's association or condominium dues	20e. \$ 0.00	
21. Other: Specify: _____	21. +\$ 0.00	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ 1,109.00	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ 1,109.00	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 1,109.00	
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ 578.00	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 1,109.00	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ -531.00	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Donna A Grote		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ **Donna A Grote**

Donna A Grote
Signature of Debtor 1

Date December 20, 2016

X

Signature of Debtor 2

Date _____

Fill in this information to identify your case:

Debtor 1	Donna A Grote		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

936 Quincy Ave
Hinsdale, IL 60521

Dates Debtor 1
lived there

From-To:
2011-2014

Debtor 2 Prior Address:

Same as Debtor 1

Dates Debtor 2
lived there

Same as Debtor 1
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

Debtor 1	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$7,303.00		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2015)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$5,251.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, 2014)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$690.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Unemployment	\$384.00		

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

Debtor 1 **Donna A Grote****7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
CACH LLC vs GROTE 14 SR 269	Collection	Dupage County 421 N County Farm Rd Wheaton, IL 60187	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Charity's Name

Address (Number, Street, City, State and ZIP Code)

Describe what you contributed

Dates you contributed

Value

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B:
Property.

Date of your loss

Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid
Address

Email or website address

Person Who Made the Payment, if Not You

Cutler & Associates, Ltd

4131 Main Street

Skokie, IL 60076

david@cutlerltd.com

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Attorney Fees

Sept 2016

\$200.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid
Address

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Debtor 1 **Donna A Grote**

- 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer
Address

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

Person's relationship to you

- 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

No

Yes. Fill in the details.

Name of trust

Description and value of the property transferred

Date Transfer was made

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

- 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

- 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

No

Yes. Fill in the details.

Name of Financial Institution

Address (Number, Street, City, State and ZIP Code)

Who else had access to it?

Address (Number, Street, City, State and ZIP Code)

Describe the contents

Do you still have it?

- 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

No

Yes. Fill in the details.

Name of Storage Facility

Address (Number, Street, City, State and ZIP Code)

Who else has or had access to it?

Address (Number, Street, City, State and ZIP Code)

Describe the contents

Do you still have it?

Part 9: Identify Property You Hold or Control for Someone Else

- 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

No

Yes. Fill in the details.

Owner's Name

Address (Number, Street, City, State and ZIP Code)

Where is the property?

(Number, Street, City, State and ZIP Code)

Describe the property

Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

Debtor 1 **Donna A Grote**

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.
- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
- Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Part 12: Sign Below

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Debtor 1 **Donna A Grote**

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ **Donna A Grote**

Donna A Grote

Signature of Debtor 1

Signature of Debtor 2

Date December 20, 2016

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Donna A Grote		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		
Creditor's name:	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No

Debtor 1 **Donna A Grote**

Case number (if known) _____

name:

Retain the property and redeem it.

Yes

Description of
property
securing debt:

Retain the property and enter into a
Reaffirmation Agreement.

Retain the property and [explain]:

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

No

Description of leased
Property:

Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ **Donna A Grote**

Donna A Grote

Signature of Debtor 1

X

Signature of Debtor 2

Date

December 20, 2016

Date

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
+ <u>\$15</u>	trustee surcharge
	\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+	<u>\$75 administrative fee</u>
	\$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+	<u>\$75 administrative fee</u>
	\$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
Northern District of Illinois

In re **Donna A Grote**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>1,200.00</u>
Prior to the filing of this statement I have received	\$ <u>1,200.00</u>
Balance Due	\$ <u>0.00</u>

2. \$ 335.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify):

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 20, 2016

Date

/s/ David Cutler

David Cutler

Signature of Attorney

Cutler & Associates, Ltd

4131 Main Street

Skokie, IL 60076

847-673-8600 Fax: 847-673-8636

david@cutlerltd.com

Name of law firm

CUTLER & ASSOCIATES, LTD.

ATTORNEYS AT LAW
4131 MAIN STREET
SKOKIE, ILLINOIS 60076

TELEPHONE (847) 673-8600
FAX (847) 673-8636

September 28, 2016

VIA EMAIL ONLY

Dear Donna Grote:

We appreciate the opportunity to help you resolve your financial situation. After reviewing your finances, I agree with you that filing for bankruptcy under Chapter 7 is the best solution.

This letter will serve as an engagement agreement that will establish the terms of our relationship. When you sign it, it will become a contract between us.

In passing the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005, the Congress imposed strict requirements upon attorneys representing debtors, requiring them to specify what duties they will perform and to make certain representations to clients. Those specific duties and representations are set out in the representation agreement.

Please read this agreement carefully and be sure you understand it. If you have any questions, you should consult with me before signing. Once you are satisfied with the agreement, please sign and return a copy to me.

Following are the specifics of our proposed representation, we will:

1. Meet with you to discuss your financial situation and possible solutions;
2. Provide the section 342(b)(1) notice, which sets out the purpose, benefits, and costs of filing under Chapters 7, 11, 12 or 13; the types of services available from credit counseling agencies; and the penalties of committing certain bankruptcy crimes, and will explain the notice to you;
3. Prepare the necessary bankruptcy petition, schedules, statement of affairs, and other documents, and review and file the bankruptcy case under the chapter you select;
4. Prepare for and accompany you to the section 341 first meeting of creditors;
5. Assist in the amendments to the papers filed and the production of such documents as the trustee requests;
6. Assist you in the execution of reaffirmation agreements that are in your best interest.

For this work, we will charge you the following:

A fee of \$1,590 to file a chapter 7 bankruptcy petition for you.

As a separate document, but included as part of this representation agreement, we are giving you notice of "Important Information About Bankruptcy Assistance Services from an Attorney" as required by section 527 of the Bankruptcy Reform Act. See Exhibit A. and How to Provide All Information Required by Section 521.

You agree to furnish all information necessary to enable us to complete the papers that will be filed in your case and that such information will be complete, accurate, and truthful.

This document represents the complete agreement between the parties and may not be modified or replaced except by a subsequent written agreement executed by the parties. You also acknowledge that you were provided Exhibit B that is also fully incorporated herein.

This representation agreement shall be void if not executed by the parties within five (5) business days after the first date on which the agency provides any bankruptcy assistance services.

You acknowledge that we can not 100% guarantee you that you will receive a discharge in a Chapter 7. Your petition will be reviewed by the trustee, bankruptcy court, US Trustee and potential creditors. They have the right to object to the petition. However, we strive to ensure that all petitions are prepared and reviewed so that any potential issues are resolved prior to filing to give you the best possible chance of a discharge. You also understand that most taxes, student loans and other governmental obligations will not be discharged in your bankruptcy.

The client understands that all funds that client is paying to Cutler & Associates, are to be considered an advance payment which is part of this payment retainer agreement and shall immediately become the property of Cutler & Associates, Ltd. This advance payment is made in exchange for a promise by Cutler & Associates, Ltd., to provide said legal services listed in this retainer agreement. Said advance payment funds will be deposited into the general business account owned by Cutler & Associates, Ltd., and will be used for any and all general expenses of Cutler & Associates, Ltd. The undersigned also understands that it is the client's choice to have said retainer deposited in Cutler & Associates, Ltd.'s IOLTA attorney bank account and shall remain the undersigned's property as security for any future services. However, if the undersigned chooses this option, he or she understands that Cutler & Associates, Ltd. does not represent the undersigned due to the fact that the legal work and creation of a bankruptcy case requires various tasks and expenses for the attorneys and employees of Cutler & Associates, Ltd., some of which requires legal advice, secretarial work and expenses required for the creation and processing of said Bankruptcy case and services. Finally, the undersigned understands that the benefit that the undersigned is gaining for payment of said advanced retainer payment is a promise of Cutler & Associates, Ltd. to perform any and all work reasonably necessary to represent client's Bankruptcy interests, notwithstanding any extraordinary circumstances regarding the undersigned's Bankruptcy case.

Sincerely and agreed:

Cutler & Associates, Ltd.
A Debt Relief Agency

Accepted: Dawn Hanti

Client

Client

Separate Disclosure Required by Section 527 of the Bankruptcy Code as Amended

IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY

(Note: This form is mandated by statute. It may or may not correctly explain the law.)

If you decide to seek bankruptcy relief, you can represent yourself; you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. The law requires an attorney or bankruptcy petition preparer to give you a written contract specifying what the attorney or bankruptcy petition preparer will do for you and how much it will cost. Ask to see the contract before you hire anyone.

The following information explains what must be done in a routine bankruptcy case to help you evaluate how much services you need. Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and decide which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents (Petition, Schedules, Statement of Financial Affairs, and in some cases a Statement of Intention) must be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you must attend the required first meeting of creditors, where you may be questioned by a court official called a "trustee" and by creditors.

If you choose to file a Chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a Chapter 13 case, in which you repay your creditors what you can afford over 3 to 5 years, you may also want help preparing your Chapter 13 plan and with the confirmation hearing on your plan, which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than Chapter 7 or Chapter 13, you should consult someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only lawyers, not bankruptcy petition preparers, can give you legal advice.

EXHIBIT C

IMPORTANT NOTES PLEASE READ EACH CAREFULLY.
By initialing you acknowledge that you read and understood each of the following

Initials	Important Information
	Within 14 days of filing your case you are required to complete and file a certificate showing that you have completed a debtor education class. If you do not, you will not receive a discharge. It is your responsibility to complete the class and we will not remind you.
	We can add creditors to your petition within a reasonable time after filing. However, there is a fee of \$100 which includes a \$30 court cost that must be paid prior to us amending your petition. You are fully responsible for providing all creditors to us and if you wish for us to amend your petition prior to discharge you must provide us a list of the missing creditors and the \$100 along with any other documents we require, no later than <u>30 days prior</u> to discharge. We will not remind you of the deadline.
	If at any time you need a copy of your notice of filing or discharge letter there will be a charge of \$100 that must be paid prior to the paper work being given to you.
	If you fail to attend your first 341 meeting for any reason and it is continued. You will pay our firm an additional \$300 to attend the continued 341 meeting.
	Any other potential services, such as defense of a complaint to determine dischargability of a debt or of a United States Trustee motion to convert this case or dismiss it as an abusive filing, are not included and will be provided only through a separate representation agreement.
	If you have property secured by a loan (i.e. vehicle or real estate) and you wish to continue with the pre-filing payments, it is important for you to call your lender, after filing bankruptcy and ask them to send us a "reaffirmation agreement". The reaffirmation agreement is your agreement to keep paying for the property after your bankruptcy case is over. If you execute a reaffirmation agreement and it is filed with the court you will then be fully obligated to repay the loan. It is your responsibility to ensure that you read the reaffirmation carefully and understand its terms. In addition, you must make sure the bank files it with the bankruptcy court. We will only complete necessary portions of the reaffirmation agreement, it is your responsibility to make sure it is executed and filed by the bank. This is not a recommendation to reaffirm mortgage loans.
	It is very important for you to inform us of any credit card purchases within the last six months for non-essential items and cash advances. I consider food, gas, medical and other such purchases to be essential. Any non-essential purchases in excess of \$500 should be specifically discussed with me so that I can best serve your interests.
	You must notify me of any payments made to a friend or family member within 1yr of filing the bankruptcy petition that were made to repay a debt owed to them.
	It is your responsibility to make sure we have a full list of your creditors and their correct bankruptcy mailing address.
	You have told us of all real estate you owned in the last 5 years. Regardless of its current ownership or title status and your petition discloses any judgements you may have against you.
	You must file your case within 90 days of executing this agreement or we reserve the right to close your case. See below for refund policy.
	If you pay our fee in full and then decide to not proceed, we are entitled to keep no less than \$750 for work completed on your bankruptcy petition prior to your decision to not proceed. We reserve the right to make the final determination on how much money to refund to you. If you pay a down payment we will not return your money as it will be credited against the meeting time you spent with our attorney.

**United States Bankruptcy Court
Northern District of Illinois**

In re **Donna A Grote**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **86**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **December 20, 2016**

/s/ Donna A Grote

Donna A Grote

Signature of Debtor

A/R Concepts Inc
18-3 E Dudee Rd
Ste 330
Barrington, IL 60010

Aargon Collection Agency
8668 Spring Mountain Rd
Las Vegas, NV 89117

Adventist Hinsdale Hosp/Billing Dept
740 Pasquinelli Dr
Hinsdale, IL 60521

Alexian Brothers/Billing Dept
1650 Moon Lake Blvd
Hoffman Estates, IL 60169

Alexius Medical Center/Billing Dept
1555 Barrington Rd
Hoffman Estates, IL 60169

Allied Water Services
5050 W Lake St
Melrose Park, IL 60160

Allstate Insurance Co Services
330 Georgetown Sq
ste 100
Wood Dale, IL 60191

American Express
PO Box 981537
El Paso, TX 33329

Amex
Correspondence
Po Box 981540
El Paso, TX 79998

Andres Medical Billing
PO Box 15019
Wilmington, DE 19886

ARS National Services Inc
PO 469046
Escondido, CA 92046

AT & T Mobility
PO Box 6416
Carol Stream, IL 60197

AT&T
PO Box 5014
Carol Stream, IL 60197

Bank of America
100 North Tryon Street
Charlotte, NC 28255

Bartlett Police Department
228 S Main Street
Bartlett, IL 60602

Blatt Hasenmiller Leibske & Moore
10 S Lasalle St
Ste 2200
Chicago, IL 60603

CACH LLC
c/o John C Bonewicz
350 N Orleans St, Ste 300
Chicago, IL 60654

Cap1/bstby
Po Box 6497
Sioux Falls, SD 57117

Capital One
Po Box 30285
Salt Lake City, UT 84130

Capital One Bank USA
15000 Capital One Sr
Richmond, VA 23238

Chase
Attn: Correspondence Dept
Po Box 15298
Wilmington, DE 19850

Chase Card Services
Correspondence Dept
Po Box 15278
Wilmington, DE 19850

Chase Card Services
Attn: Correspondence Dept
Po Box 15298
Wilmington, DE 19850

Chase Mtg
Po Box 24696
Columbus, OH 43224

Chase Receivable
PO Box 659
West Coldwell, JN 07007

City of Elgin/Fire Dept
PO Box 457
Wheeling, IL 60090

Comcast Cable/ Processing Ctr - 27
PO 55126
Boston, MA 02205

Comenity Bank/Sharper Image
Po Box 182125
Columbus, OH 43218

Comenity Bank/Victoria Secret
Po Box 182789
Columbus, OH 43218

Commonwealth Edison co
PO Box 9037
Addison, TX 75001

Credit Collection Services
Two Wells Ave
Newton, MA 02459

Credit One Bank
PO Box 98875
Las Vegas, NV 89193

Credit One Bank Na
Po Box 98873
Las Vegas, NV 89193

Credit Protection Association L.P
13355 Noel Rd
Dallas, TX 75240

Discover
PO Box 6103
Carol Stream, IL 60103

Discover Financial
Po Box 3025
New Albany, OH 43054

Discover Finanical Services, LLC
PO Box 15316
Wilmington, DE 19850

Dupage Pathology Assoc
520 E 22nd St
Lombard, IL 60148

Emergency Heathcare Physician
120 N Oak St
Hinsdale, IL 60521

Emergency Heathcare Physician
2509 S Stoughton Rd
Madison, WI 53716

Fifth Third Bank
1830 East Paris Ave
Grand Rapids, MI 49546

First Midwest Bank
PO Box 580
Joliet, IL 60434

Firstsource Advantage, LCC
205 Bryant Woods South
Amherst, NY 14228

Flagg Creek Water Reclamation
1001 Frontage Rd
Burr Ridge, IL 60527

Ford Credit
National Bankruptcy Service Center
Po Box 62180
Colorado Springs, CO 80962

Harris & Harris LTD
111 West Jackson
Ste 400
Chicago, IL 60604

HBBC Card Service Matercard
PO Box 8800
Baltimore, MD 21288

Hinsdale Anesthesia Assoc LTD
PO Box 1259 Dept 92667
Oaks, PA 19456

Hsbc Bank Usa, Na
Po Box 2013
Buffalo, NY 14240

IC System, Inc.
444 Highway 96 East
St. Paul, MN 55164

IC System, Inc.
PO Box 64378
Saint Paul, MN 55164

Illinois Department of Revenue 1/15
Bankruptcy Section
PO Box 64338
Chicago, IL 60664-0338

Illinois Emergency Medicine
PO Box 366
Hinsdale, IL 60522

Internal Revenue Service - 1/11
PO Box 7346
Philadelphia, PA 19101-7346

JPM Chase
PO Box 24696
Columbus, OH 43224

Keynote Consulting
220 West Campus Drive
Suite 102
Arlington Heights, IL 60004

Kohls/Capital One
N56 W 17000 Ridgewood Dr
Menomonee Falls, WI 53051

LCS Financial Services Corp
6782 South Potomac St
Centennial, CO 80112

Mandarich Law Group LLP
1 North Dearborn
Ste 650
Chicago, IL 60602

Merchants & Medical Credit Corp
6324 Taylor Dr
Flint, MI 48507

Merchants Credit
223 W Jackson Blvd
Ste 700
Chicago, IL 60606

Merchants Credit Guide
223 W Jackson Blvd
Ste 4
Chicago, IL 60606

Midland Credit Management Inc
2365 Northside Dr
Ste 300
San Diego, CA 92108

Mira Med Revenue Group
991 Oak Creek Drive
Lombard, IL 60148

MRS Associates of New Jersey
1930 Olney Ave
Cherry Hill, NJ 08003

MRS Association New Jersey
1930 Olney Ave
Cherry Hill, NJ 08003

Nationwide Credit Inc
PO Box 26314
Lehigh valley, PA 18002

NCInc./Northwest Collectors Inc
3601 Algonquin Rd
Ste 232
Rolling Meadows, IL 60008

NCO Financial Systems Inc
507 Prudential Rd
Horsham, PA 19044

Nelson Watson & Assoc LLC
80 Merrimack St
Lower Level
Haverhill, MA 01830

Nicor Gas
PO Box 5407
Carol Stream, IL 60197

Northwest Collectors
3601 Algonquin Rd Ste 232
Rolling Meadows, IL 60008

Presence Health St Joseph Hospital
1643 Lewis Ave
Ste 203
Billings, MT 59102

Provena St. Joseph Hospital
77 North Airlite Street
Elgin, IL 60123

Qualia Collection Services
PO Box 4699
Petaluma, CA 94955

Quality Credit Service Inc/Collection
PO Box 460415
Aurora, CO 80046

Quest Diagnostics/Payment Process Ctr
PO Box 55126
Boston, MA 02205

Receivables Performance Mgt LLC
PO Box 1548
Lynnwood, WA 98046

State Collection Service
Po Box 6250
Madison, WI 53716

State Collection Services
2509 S Stoughton Rd
Madison, WI 53716

Suburban Radiologists, SC
1446 Momentum Place
Chicago, IL 60689

Synchrony Bank/Care Credit
Po Box 965064
Orlando, FL 32896

TCF Bank Corporate Office
200 Lake St
Ex0-03-A
Wayzata, MN 55391

Trackers Inc
1970 Spruce Hills
Bettendorf, IA 52722

Village of Hinsdale
19 East Chicago Ave
Hinsdale, IL 60521

Village of Hinsdale Amulance/Fire Dept
121 Symonds Dr
Hinsdale, IL 60521